PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

1207-0015

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
T	OTAL CLAIMS		do					RATE	FEE	7	RATE	FEE
FC	DR .		NUMBER FILED		NUMBER EXTRA			BASIC FEI	385.00	OR	BASIC FEE	770.00
TC	TAL CHARGE	ABLE CLAIMS	20 minus 20=		• 6			X\$ 9=	_	OR	X\$18=	
INE	DEPENDENT C	LAIMS	3 m	inus 3 =	9	0		X43=	-	OR	X86=	
MU	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=	-	OR	+290=	,,
* If the difference in column 1 is less than zero, enter "0" in						column 2	ı	TOTAL	721	OR	TOTAL	
CLAIMS AS AMENDED - PART II								OTHER THAN SMALL ENTITY OR SMALL ENTITY				
_	ı	(Column 1)	, 	(Colun		(Column 3)	٠,	SWALL	ENTITY	OR		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	* Minus ***			<u> </u>	-		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L.	TOTAL		d ≀	TOTAL	
							A	DDIT. FEE		OR ,	ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)					•	
~		CLAIMS		HIGHE	ST		ır	-	ADDI-	1 1		ADDI-
T B		REMAINING AFTER	1	NUME PREVIO		PRESENT	łł	RATE	TIONAL		RATE	TIONAL
		AMENDMENT		PAID F		EXTRA	ll	11/11/2	FEE	1 1	חאוב	FEE
AMENDMENT	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		OR	+290=	
							L	TOTAL DDIT. FEE		_ L	TOTAL ODIT, FEE	
(Column 4)								DUII. PEE I		• •	WUII. FEEL	
_	\	(Column 1)		(Colum		(Column 3)	_	•		_		
NTC	•	REMAINING	3	NUMB		PRESENT		RATE	ADDI-		RATE	ADDI-
		AFTER AMENDMENT		PREVIO		EXTRA	1		TIONAL	· [TIONAL
₩				PAID F	OH		⊢		FEE	L		FEE
5 I	Total		Minus	**	-	=	Ĺ	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		= 1		X43=		OR	X86=	
	FIRȘI PRESEI	NTATION OF MU	LTIPLE DEP	ENDENT	CLAIM		-			٠٠٠ F		
* 14	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+290=	
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
***	f the "Highest Nur	mber Previously Pa ber Previously Paic	id For IN THIS	S SPACE is	less than	n 3, enter "3."		_	ropriate box			